

Submit 3 Copies to Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30-005-01115

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST CAP QUEEN SAND UNIT

8. Well Number # 18

9. OGRID Number

241214

10. Pool name or Wildcat

CAPROCK QUEEN

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☒ Other ☒

2. Name of Operator

PALISADES ASSET HOLDING COMPANY, LLC

3. Address of Operator

223 W. WALL STREET STE 825, MIDLAND, TEXAS 79701

4. Well Location

Unit Letter D : 660 feet from the NORTH line and 660 feet from the WEST line  
Section 21 Township 14 S Range 31 E NMPM CHAVES County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: RE-ACTIVATE - INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

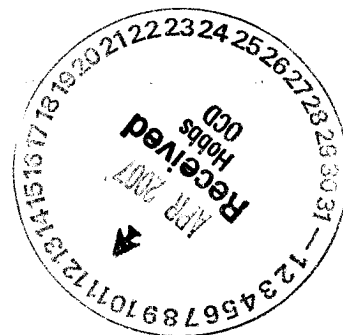
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TO RE-ACTIVATE INJECTION WELL

- 1) RUN INTEGRITY TEST \*
- 2) REPLACE TUBING & PACKER
- 3) PLACE BACK ON INJECTION

\* ASSUMING TUBING & OR PACKER IS NOT HOLDING PRESSURE



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Herbert F. Boles TITLE MANAGING MEMBER DATE 3/29/07

Type or print name HERBERT F. BOLES

E-mail address: BUD@CFAW.COM Telephone No. (432) 686-7159

For State Use Only

APPROVED BY: Hayden Wink DATE APR 12 2007  
Conditions of Approval (if any) OCD FIELD REPRESENTATIVE II/STAFF MANAGER